WRITE

PLEASE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69979

CERTIFICATE OF DEATH

Reg. Dist. No. 1/2_

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Gorchester	men
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County Notebaster
How long in above place of death? Thost of lefe	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give hearest town)
The	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cornelius B. Battimore	216-14-2006
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male aa widowed	20. DATE OF DEATH November 5 1947 217230 Am
6.(b) Name of husband or wife alberta Baltimore	21. I CERTIFY that death oncurred on the date above stated: that flattended decembed from
	november 1 1047 10 November Sift 7
7 State data of	and that I last saw hand alive on Moreun 1947
deceased (mo., day, yr.) 1885	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cornery Thrombosh 1/2 Hour
62 60 min	
9. Birthplace Vienna Dorchoster Co. Maryland (Town, county, and state)	Due to Several arterioscoros / yr +
1D. Usual occupation Farmer	
11. Industry or business Same	Due to
	-
12. Name Devin Baltimore 13. Birthplace Vienna Maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Stewart 15. Birthpiace Vienna Maryland	Major findings of operations.
\$ 15. 8irthplace Venna Maryland	Date of op.
16. Informant Mass Estella Baltimora	Antopsy results.
Address 756 Mola St. Phila Pa.	PHYSICIAN: Pfease underline the cause to which death should be charged statistically.
0 10	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof 11-9-47 (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemelery or crematory (. A. 1892)	Where did injury occur?
Location Tederals burg Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director James 7. Elewart	Means of Injury Injured at work?
Address 462 E. Church St, Salisbury, Md.	Incluarrison MD
19. My 6 19 47 Elyabei Cho Registrar)	23. SIGNATURE DE LE M. D. or other Address Date signed 11 6 47



CEDTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fognewborn infants give residence of mother)
City or town Alan Fishering Creek	State Mary Cand County Dorchester
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	D D D D D
Watson's Island	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Edgar Hoover Ban	kard, fr.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mole White Married	20. DATE OF DEATH November 12th 1947 at 3:150
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h. Alaksedon of The arrival 19
deceased (mo., day, yr.) Class - 1880	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one daymin.	Coronary Occlusion grow. 5 Mi
9. Birliplace (Town, county, and grate)	Due to
10. Usual occupation reclined	
11. Industry or business Skiel	Due to
11. Industry or business 12. Name C. Howard Sankard	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Victoria Stopper 15. Birthplace (Scello, Ma);	Major findings of operations. Many
15. Birthplace Localio. Ma:	Date of op.
18. Interment 7mm Marce H. Bankand Jung	A Autopsy results. 20005
Address Sullmok Cash ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Quicino Martis-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burish, cremation, or removal Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Dulla Kullage	Where did Injury occur?
Location Ocikesville And.	Injured at home, farm, industry, public place (where?)
18. Funeral director Shiwart Morrento.	Means of injury injured at work?
Address /Ballimon mil.	Eldridge A. Word, wie weren
Mar 14 11 R 11 Aledani.	23. SIGNATURE MACCO M. D. or other
19. (Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar)	Address Campridge, Md Date signed 11-13-47

FOR BINDING RESERVED MARGIN

LAINLY, WITH UNFADING INK. Supply every item of i especially important. Physicians: please write the causes

PLAINLY, is especially

PLEASE WRITE

The correct age gibly.

information carefully. The cof death clearly and legibly.

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PLEASE WRITE PLAINLY

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09981

CERTIFICATE OF DEATH

eg. Diat. No.

1. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County County County County	State Md. County Dorchest	Es
(If outside city optown limits, write RURAL and give nearest town)	Carelia	
How long in above place of death?	City or town (If outside city or town tights, write RURAL and give near	est town)
	Street No	********
How long in hospital or institution?	2.(a) It veteran, name war	
3.(a) FULL NAME	3. (b) Social Security N	umber
Lames - lephas		
4. Sax 5. Color or race /6.(4)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male col sungle	20. DATE OF DEATH	at JA
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceas	ed from
	alpril 19 7 to Mac	
7. Birth date of deceased (mo., day, yr.) 3.14, 1922	and that I last saw halive on	DURATION
8. AGE: Years Months Days If less than one day	Massur pulmonace	
hrsmln.	garfafection of	24 hr.
9. Birthplace (Town county, and state)		46/19
10. Usual occupation actor on	kelutikel	
11. Industry or business	Due to	***************************************
= 12. Name bornon Audler	Dther conditions	
12. Name Combined of Manager 13. Birthplace Combined of Manager 13.	(Include pregnancy within 3 months of death)	
14. Maiden name romalia astrologia 15. Birthplace andrudy		
15. Birtholage Canulrudge and	Major fiadings of operations. Date of op	
18. Interment Cornelia Cabras	Autopsy results	
Address Combridge M 82	PHYSICIAN: Please anderline the cause to which death should be charged at	atistically.
17 Burial Date thereof Der 3/47	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	,
Cemetery or crematory	Where did Injury occur?	(State)
Location	Injured at home, farm, industry, public place (where 2)	
18. Funeral director	mostic of tubul)	A
Address ambudge to	23 SIGNATURE James W. Tuou kan	Mil
19 12-3- 19 47 Salis maces m	M. D. or	other 2 /4
(Date rec'd by registrar) Registrar	Address Date signed &	Her 11.1.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Dist. No		
1. PLACE OF DEATH: Coonty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cliv or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: In Cambridge Creek nr Leonard's Wha	Stale Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Freel No. on board of boat J.T. Leonard (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME William Irving Chester	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced married	MEDICAL CERTIFICATION about 20. DATE OF DEATH. November 1 1947 2 A.		
6.(b) Name of husband or wife. Helen Banks 6.(c) If alive, give age. 45 years deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from X 19 19 19 19 19 19 19 19 19 19 19 19 19		
8. AGE: Years Months Days If less than one day X X hrsmin.	Drowning, Accidental x		
9. Birthplace Dorchester County, Md. (Town, county, and state) 10. Usual occupation Cook on the J.T. Leonard 11. Industry or business oystering	Due toX Due toX		
12. Name. William U.Chester 13. Birthplace Md. 14. Maiden name. Annie Pinder 15. Birthplace Md.	Other conditions Body recovered by dragging about 8A.M. on Nov.4/47 (Include pregnancy within 3 months of death) Major findings of operations.		
18. Informant Milburt Chester, (brother) Address 105 Washington St. Cambridge. 17. Burial, cremation, or removal. Whichi) Cemetery or crematory. Location 18. Funeral director. Address Carrella J. Bayrella Address Carrella J. Bayrella J. J. Bayrella J	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
19. (l'ate rec'd by registrar) Registrar	11/6/ 0		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BANDING

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NOV 8 1947

MAMOO

	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Death County County Death County City or town limbs, write RURAL and give hearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or Institution?	2.(a) II veleran, name war
3. (a) FULL NAME, Clopped.	3. (b) Social Security Numbe
4. Sex 5. Color or race 6.(a) Single matried, videwed, or divorced Mole Waite Albawek	MEDICAL CERTIFICATION 20. BATE DE DEATH NOVE MBER 26 19 47 21 3
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
7. Birth date of deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.)	and that I lagusaw h 1. All alive on 200 200 1
8. AGE: Years Months Days If less than one day	min. Correct Cother Miseur Bo.
9. Birthplace (Town, county, and state) 1p. Usual occupation (Town, county, and state)	Due to Character 37
11. Industry or busings	Due to
12. Name 13. Birthplace 12. Name	(Include pregnancy within 3 months of death)
14. Maiden name Bout Brown 15. Birthplace	Major findings of operations
16. Informant Service Collects Address Segot of and	Autopsy results
17. Date/litereol 30 190 (month) (day) (year)	11
Cemetery or commatory Columbia Markety Location Co. St. Blew M. Berkety	Where did injury occur?
18. Funeral director The Ser Hellow Cytholigh	Means of Injury Injured at work?
Address Address 19 1/30 1947 Tligas the Sami	23. SIGNATION M. D. profile

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

Reg. Dist. No.

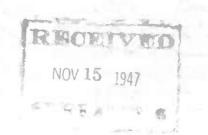
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For prowhern infants give residence of mother)
City or town Quart New Mulsel	State Theleglaced county blacehealer
(If outside city or toon limits, write RURAL and give nearest town)	Cily or town (If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:	Street No. The short should
no street address	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Elizabeth Couway	13. (b) Social Security Number
Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
funale willing seperated	2D. DATE OF DEATH Coreceles 9 18 + 7 21 /0.15
6.(b) Name of husband or wife (Line Language)	21-LCERTIFY that death occurred on the date above stated; that I attended deceased from
	s 10 the state of 19 the state
7. Birth date of deceased (mo., day, yr.) Original 16, 1912	and that I last saw h alive on 19
8. AGE: Years Months Days If less than one day	Octo Pulmorary allena 6 hou
35 2 24 hrs. min	1
9. Birthplace (Town, county, and atate)	Due to Opelpay
10. Usual occupation.	A Latin Englishing the comment of the latest
11. Industry or business We peaker	Due to
12. Name Leves College Co.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Lifteld Course	Major findings of operations
\$ 15. Birthplace The Lot.	- Oate of op.
16. Informant This, Kalple Therathy	Actopsy resolts.
Address East New Market	PHYStCIAN: Please underline the cause to which death about be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory East hew Market Colored County	Where did injury occur? (City or town) (County) (State)
location East Trew Mearlest -	tnjured at home, tarm, industry, public place (where?)
18. Funeral director Fillesia F. Isse	Means of Injury Injured at work?
Address believester De Damas.	For Do 44 Rolland
AUDICOS POLICIANOS DE LA CONTRACTOR DE L	23. SIGNATURE //M. D. of other
(Date rec'd by registrar) (Date rec'd by registrar) (Registrar)	Address Candridge, Tharylored Date signed 11-13-49

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and RESERVED FOR BINDING

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PLEASE

(Date rec'd by registrar)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

					-	
I. PLACE OF DEATH: County Dorchester City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) state. Maryland		
				Sity or town Cambridge		
			month, 28 days	City or town Cambridge (If outside city or town limits	, write RURAL and give near	rest town)
	street address where o			Street No. 238 Race Street		
	ore State I			(If rural, give	LOCATION)	
low long In hospital or	Institution? 2 yea	ars, 1	month, 28 days	2.(a) tt veteran, name war		
3. (a) FULL NAME	E				3. (b) Social Security 1	Number
Fred Doug	el ne					
4. Sex	5. Cotor or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
	make di de la	1172 -3.				20 10
male	white	Wide	owed	20. DATE OF DEATH. November 8	194.7	,at.10:45.pm
(A) Name of huckand	or wife Eva Se	eabrool	S	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended decea	ased trom
				September 11	5 , to Nov. 8	19. 47
7. Birth date of			c) It alive, give ageyears	and that f last saw him alive on Noven	mber 8	19.47
deceased (mo., day, y	July 20), 1879	9?	Immediate cause of death General a		DURATION
8. AGE: Years	Months	Oays	it less than one day	cerebral arteriosclero		
68	3	19	hrs min.		/, 3-4, 44, 14.	
0	nada 2				***************************************	***************************************
9. Birthplace			ntate)	Due to	***************************************	
					7 5	······································
			••••••••••••••••	Due to		
11. Industry or business					***************************************	***************************************
12. NameUr	nknown			Other conditions	***************************************	
13. Birthplace					***************************************	
oc	Unknown			(Include pregnancy within 3 n		
14. Maiden name	0124110411		•••••	Major findings of operations		
€ 15. Birthplace					Oate ot op	
16. Interment East	tern Shore	State	Hospital Records	Antopsy results		
O1	oridge, Man			PHYSICIAN: Please underline the cause to wh	ich death should be charged	statistically.
		-		22. VfOLENCE: It death was due to external cau	ses, till in the following;	
17 Burial, cramation, or removed. Whitehill (month) (day) (year) Cemetery or cromatory. E., S., S., Mars pelse. Location			eot 11-12-47	Accident, suicide, or homicide		
			(month) (day) (year)			
			La relation	Where did injury occur?(City or town)	(County)	(State)
			- +112	injured at home, farm, industry, public place (wh	nere?)	
			147	Means of injury	Injured at work?	
18. Funeral director	The world		() well	.//.	h. 1/2	
Address CL	relud	al	rrec	as signature //////	Momme	unles
Mai	12- 47	V to	for man Do mis	23. SIGNATURE Grace M. Bransco	ombe, M.D.	or other
19. (Date rec'd by registrar) Registrar				Address E.S.S.H. Cambridge	e, Md. Date signed	Nov. 10

NOV 15 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9380

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CERTIFICATE OF DEATH

Reg. Dist. No. 112

	•
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown	State County
How long in above place of death?	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How tong in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale white Wison	20. DATE OF DEATH 201 2.50 1967 21 3 34
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10 77 77 19 17
7. Birth date of deceased (mo., day, yr.) Celly 20 1861	and that I last saw h alive on 19. Immediate cause of death DURATION
8. AGE: Years Wonths Days If less than one day	Chrony myercallo y
86 4 Jmin.	-
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Theuse Warfe	Gue to
11. industry or business	
12. Name / Sullaus of // Dec	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Xarehi a Clastic	Major findings of operations
\$ 15. Birthplace	Date of op
16. Informant	Autopsy results
Address Collect Matrey 7 19 (L	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. (Burney, eremation, or remover) Which?) Date phereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location College Type Type Type Type Type Type Type Typ	Injured at home, tarm, industry, public place (where?)
18. Funeral director of 3. Mallought 1	Means of Injury Injured at work?
Address of new Morket	23. SIGNATURE SQUIMM
19 how 27 10 47 Elijabeth Ero	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed

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PLEASE WRITE PLAINLY, I is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09987

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) The more local and a possible of the control of the c		
County		State Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Virginia Ave. (If rurat, give LOCATION) 2.(a) If veleran, name war.			
3. (a) FULL NAM		nnamon James Elzey		3. (b) Social Security Number	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married		CERTIFICATION ember 13 19 47 12:05	
8.(b) Name of husband or wife. Inez May Fitzhugh 6.(c) If alive, give age 52 years 7. Sirth date of deceased (mo., day, yr.) May 16, 1885			november 9	and that I tast saw h.4000alive on	
8. AGE: Year 62	5	Days tf tess than ooe day 27hrs			
10. Usual occupation.	Gardener	or. Co., Maryland	Due to	//	
12. Name JO 13. 8irthplace	hn Elzey Maryland		Other conditions	n 3 months of death)	
	Mary Ins		Major findings of operations.		
16. Informant Mrs. Wilsie May Jones Address Cambridge, Maryland			an MICHENGE IS death used due to enternal	which death should be charged statistically.	
Burial Date thereof. Nov. 16, 1947 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Dorchester Memorial Park Location Cambridge, Maryland			Accident, suicide, or homicide	Date of	
18. Funeral director LeCompte's Funeral Service			Maans of Injury	tnjured at work?	
		John more m	23. SIGNATURE Same	M. D. or other	

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PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



09988

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
[COURT	State Maryland County Dorchester		
City or town Rural - Cambridge (If outside city or town limits, write RURAL and give nearest town)	Rune 1 - Combani dae		
How long in above place of death? 35 Years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. RFD # 2		
RFD # 2	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
James L. Evan			
4, Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20, DATE OF DEATH. November 11, 19 47, at 2 A m		
6.(b) Name of husband or wife Sophia Westbrook	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	19		
7. Birth dale of	and that I last saw h		
deceased (mo., day, yr.) 1869	Immediate cause of death		
8. AGE: Years Months Days If less than one day 78 – —hrs.	min Colomonic Myorcardita you		
Iakesville Dor Co. Marulan	d Bue to.		
9. Birthplace Lakesville, Dor. Co., Marylan	uue 10		
10. Usual occupation. Farmer-Retired	Due to		
77 22	Due to		
11. indusfry or business " 12. Name Levin Evans	Other conditions.		
Naryland			
14. Malden name Elizabeth Thomas 15. Birthplace Maryland 18. Intermant Mrs. Sophia Evans	(Include pregnancy within 3 months of death)		
Manaril and	Major findings of operations.		
El 15. Birthplace Iviary Land	Date of op.		
	Autopsy results		
Address RFD # 2, Cambridge, Maryland.	22 VIOLENCE, If death was due to external enurgy, fill in the following:		
17 Burial Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Cambridge Cemetery			
Location Cambridge, Maryland			
18 Funeral director LeCompte's Funeral Service	Magila at titlata		
Address Cambridge, Maryland.	- This Fr. Shriver All Med. Engage		
19. Mos 11 19 47 John Mace (Date rec'd by registrar)	M. D. or other trar Address Cambon Cruda Md Date signed Language.		





NOV 13 1947





PLEASE

VS 715

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

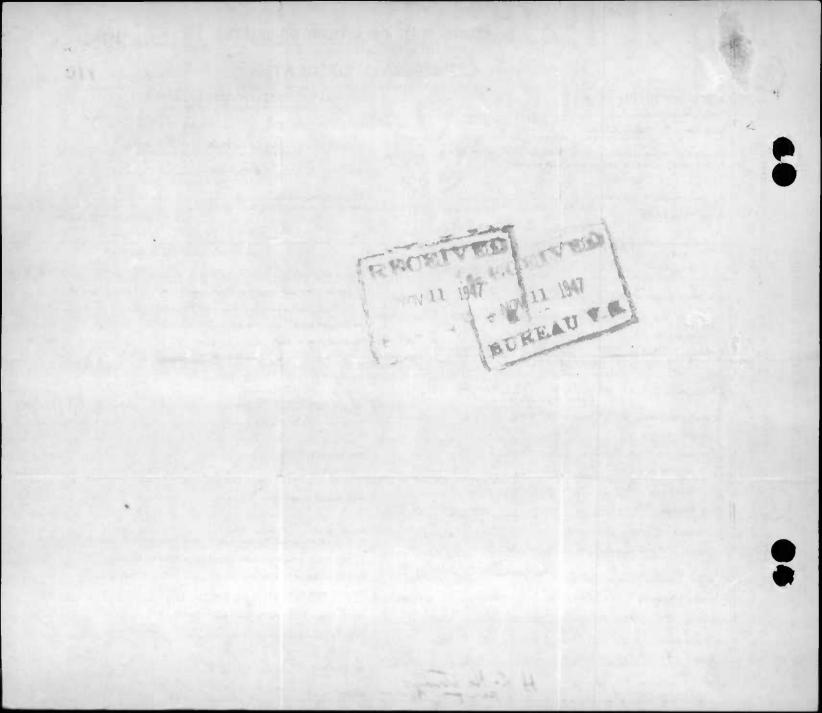
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09989

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH: County Describerte City or town Russled alle Russle City or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale County County County City or town County County County (If outside city or town limits, write RURAL and give nearest town) Street No. Clarado (If rural, give LOCATION)
Now long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME Rebecca a . Foxwell	3. (b) Social Security Number
4. Sei 5. Color or race 8.(a)Single, married, widowed, or divorced Famale White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH Society 5 1947, 21 4:45 A.
8.(6) Name of husband or wife Francis J. Forwell 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Howember 12, 1860	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.40, 10. 19.47, and that I last saw h3.7. alive on 19.47. Immedia: save ol death DURATION
8. AGE: Years Months Days If less than one day	Immediair course of death purely all and and gradual
9. Birthplace Micanico County Maryland (Town, county, spo atate) 10. Usual occupation Housework	I of figures 5 days
11. Industry or business Hone 12. Name Benjamin Rhodes	Due to
13. Birthplace Dorchester County, Maryland 14. Maiden name Mary and Lay Cou 15. Birthplace Vicolines County, Maryland	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Birtholace Wicolmico County, Maryland 16. Informant Miss Therasa Murphy	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Phodesdale Maryland C.T.D. 17. Burial (Burial, cremation, or removal, Which?) Date thereof Movember 7 /947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Eldarada Cenatery Location Eldarado Maryland	Where did Injury occur?
18. Funeral director. J. J. Framptom and Son Address Faderalsburg Maryland	Msans of Injury Injured at work? 23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Address Fiderals My MM Date signed 15-47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09990

CERTIFICATE OF DEATH

Dist No. 116

1. PLACE DE PEATH: ster	2. USUAL RESIDENCE (HOME) OF DECEASED:		
Country	(For newhorn infants give residence of mother)		
Cambridge-	State MA County TALBOT		
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or fowr limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or fowy limits, write KUKAL and give nearest town)		
HospilaCiathbridgedMarry Tahrd Tospital	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If yeteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mr. Joseph W. Groves	218-24-4703		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white widowed	20. DATE OF DEATH 16 NOV. 1947 , 21 8:10 A M		
6.(b) Name of husband or wife LouisE HaigLER GROVES	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47, to 16.00.		
7. Birth date of May 14, 18921	and that I last saw h / M alive on 15 NOV. 19 47		
deceased (mo., day, yr.)	Immediate cause of death COROMARY DURATION		
8. AGE: Years Months Days If iess than one day	THROMBOS 15		
55 6 2hrsmin.	6		
(In athal It will as			
9. Sirihplace (Fown, county and state)	Due 1o		
Aalesman	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1D. Usual occupation.	Due to		
11. Industry or husiness	1.27 - 2.0 Sa. 62.0 S.		
12. Name Joseph Worthinglow GROWES	Other conditions ARTERIO SELEROSIS		
13. Birthplace Ellicott City Md.	CARDIAC ASTHMA. (Include pregnancy within 3 months of death)		
14. Maiden name SARAH SPRECHER	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
2 15. Birthplace VKES VIIIE Md.	Date of op.		
16. Informant S. E. Simpson	Autopsy results		
TOOK - MIN	PHYSICIAN: Please underline the cause to which death aboutd be charged attaitstically.		
D . 11 1 N 22 19.19	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) Bate thereof. (month) (day) (year)	Accident, sulcide, or homicide		
(Burial, cremation, or removal, Which?) (month) (ddy) (year)			
Cemetery or crematory.			
Location ST. HugUSTINE, FLORICA	Injured at home, farm, Industry, public place (where?)		
MAURICE E. NEWNAMIDO	Means of Injury Injured at work?		
18. Funeral director	Of as & If A		
Address EASTON My	23. SIGNATURE faller & Lewy & M.		
nov. 17. 47 John mace for mil	M. D. OF OLIGI		
19	Address 05 Church St mid Date signed /6/XOV 194		

NOV 18 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09991

CERTIFICATE OF DEATH

Par Diet No 110

County Co	City or town
3. (a) FUBL NAME And Andrew B. Harbert.	3. (b) Social Security Number
4. Sei 5. Color or race 6.(a) Single, married, widowed, or divorced Female whate The Low	MEDICAL CERTIFICATION 20. DATE OF DEATH November 8 1947 11:36 A
6.(b) Name of husband or wife	21. CERTIFY that death occurred on the date above stated: that I attended deceased from 19.4
11. Industry or business HI 12. Name	Other conditions Security; Series psychology (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antapsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Button Bate thereof Bon O 94 (Burial, cremation, or remove Which?) Cemetery or crematory Location Bate thereof Bon O 94 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Address Gast New Marketto 19 Nov 15 - 18 47 Chao W Harking (Date ree'd by registrar) Registrary	23. SIGNATURE WC Harrison MD M. D. or other Address. Hurlock Mi. Date signed 11 9 4 7



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09992

CERTIFICATE OF DEATH

Dist No. //6

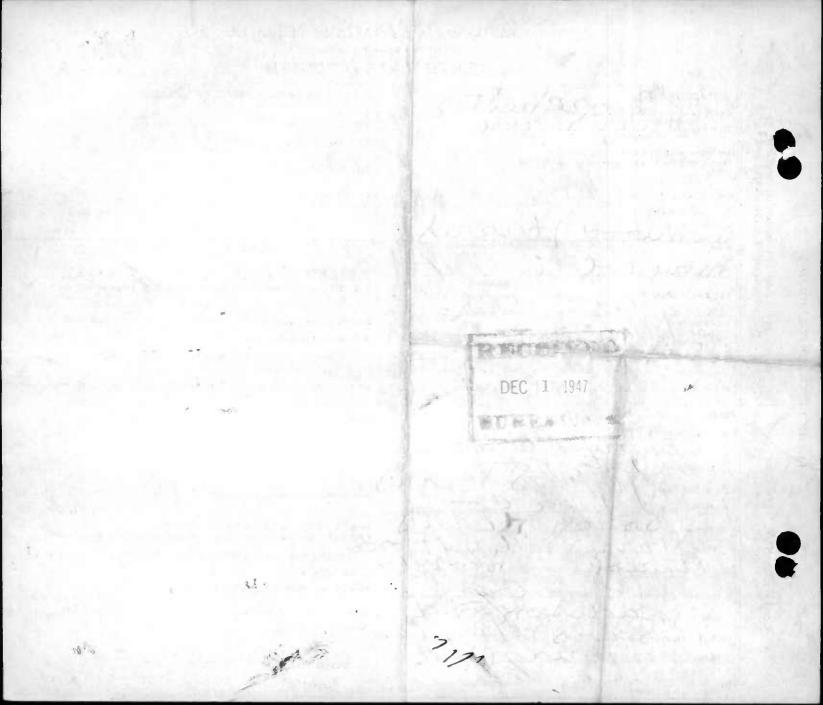
OERI II IOII	Reg. Diat. No.
1. PLACE OF DRATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside eity or kown limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 8.(b) Name of husband or wide 5.(c) If alive, give age years	MEDICAL CERTIFICATION 20. DATE OF OEATH
7. Birth date of deceased (mo, day, yr.) 8. AGE: Years Months Days It less than one day hrs. min. 8. Birthplace	and that I last saw have alive on 11/24/4 \ Immediate cause of death OURATION Due to Buth Organy unknown
10. Usual occupation	Dither conditions (Include pregnancy within 3 months of death) Major findings of operations
Address 6 Arthur Date thereof (month) (day) (year)	Autopsy results. PHYSICIAN: Please underline the eause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location 18. Funeral director. Address Consultration Address Address	Where did injury occur? (City or to on) (County) seek (State) C. Injured at home, farm, industry, public place (where?) Msans of injury P. Address. My. D. or other Address.

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and leads

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(1999)3

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County Of County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
4. Set 5. Color or nee 6.(a) Single, married, widowed, provoced Mole White Married	MEDICAL CERTIFICATION 2D. DATE DE DEATH. MEDICAL CERTIFICATION 19/7 19.47 21.3 //P
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days It less than one day hrs. mi 9. Birthplace (Town, county, and state) 10. Usual occupation.	Immediate cause of death Immediate cause of death DURATION Due to. Due to.
11. Industry or business 12. Name	Bither conditions
HE 14. Malden name A A A A A A A A A A A A A A A A A A A	Major findings of operations
Address 6 ast frew Market	Autopsy results
17. (Burial, cremation, or remove Which?) Cemetery of exematory Date theseot. (month) (day) (year)	Accident, suicide, or homicide
Location as I new months	Injured at home tarm, Industry, public place (where?)
18. Funeral director Address 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23 SIGNATURE Course Manganus

NOV 26 1947

09994

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County	201 11-6-
City or fown	State County
	City or town
How long In above place of death?	The outside city of town limits, write RORAL and give hearest town
nuspital, illustration, of street address where death	Street No. (If rural, give LOCATION)
How long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7,000	2-
fluide Juhite Widowed	20. DATE OF DEATH. 200 19 9 21 3
	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife	Oct 17 1847, 10 200 10, 11
	years
7. Birth date of deceased (mo., day, yr.) Use 23, 1894	
8. AGE: Years Months Days If less than one day	Immediate vause of death
	min
53hrs.	
9. Birthplace Jolephan Jolean	M. Oue to Market Daysene L
(Town, eounty, and sate)	
10. Usual occupation.	mellion ()
11. Industry or business	
KI Inda	Serve Citiza
12. Name	Other conditions
13. 8irthplace	(Include pregnancy within 3 months of death)
14. Malden name	mail thank and
O 45 Birtheless	Major findings of operations.
-1 13. Bittingiace	Date of op.
16. Informant	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically
Address Cambrish Mil	
B- 1/1/2/4	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
at Mas Jano Jel	Where did injury occur? (City or town) (County) (State)
Campton or gramatory	(City or town) (County) (State)
Cemetery or crematory.	A CONTRACTOR OF THE PARTY OF TH
Commetery or crematory A. Junchistan Mr.	Injured at home. farm, Industry, public place (where?)
Location High Market m	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
At Amarked m	
Location Hegy Market M	Means of Injury Injured at work?
Location Horman D. Monkell	



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09995

Reg. Dist. No. 62 116

1. PLACE OF DEATH: County Dorchester				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Maryland County Caroli	ne	
City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 months, 4 days			URAL and give nearest town)	City or town Denton		
How long in above place	ce of death?	ionths,	4 days	(If outside city or town limits, write KUKAL	and give nearest town)	
Hospital, Institution,	or street address when	re death occurred	1: 			
Eastern 5	nore state	WO S DT C	al	(If rural, give LOCATION)		
	tow long in hospital or institution? 2 months, 4 days 2.(a) If veteran, name war.			2.(a) If veteran, name war		
3. (a) FULL NAM	ME			3. (b) Social	al Security Number	
Lynn Lon	g					
4. Sex	5. Color or race	B.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICA	TION	
male	white	Mar	ried	2D. DATE DF DEATH November 10	19. 47. at 3:10. p	
non contract	Netti	e Henry	······	21. I CERTIFY that death occurred on the date above stated; that I	attended deceased from	
6.(b) Name of husban	d or wite	www.ii.				
7 Dish dots of			e) tt alive, give age	and that I last saw h im alive on Nov . 10		
deceased (mo., day	, yr.) 1879	?		Immediate cause of death.		
8. AGE: Yea	rs Months	Days	It less than one day	Bronchopneumonia		
68 ?			hrsmin.			
ne	ar Hillsho	rough	МА	Busto		
9. Birthplace	(Tow	n, county, and	Md.s.	DUE 10	***************************************	
10 Henry occupation	Farmer		***************************************		***************************************	
				Due to		
11. Industry or busine				- Hypertension,	2 mo.	
里 12. Name	onald Lone		j	Other conditions General and cerebral		
13. Birthplace	CHARLES CONTAINED	cart	and	arteriosclerosis (Include pregnancy within 3 months of death)	2 mo.	
X	e Unknot	en Tue has	4			
14. Maiden name	e			Major findings of operations.		
₹ 15. Birthplace		Lucal	extred.	Date	ot op	
16 Informani Eas	tern Shore	State	Hospital Records	Autopsy results	***************************************	
			*	PHYStCIAN: Please underline the cause to which death about	be charged statistically.	
	mbridge, M		11 11	22. VIOLENCE: It death was due to external causes, till in the tol	lowing;	
17 / Dec	on, or removal. Which	Date ther	(month) (day) (year)	Accident, suicide, or homicide		
(Burial, crematic	on, or removal. Which	h?)	(month) (day) (year)			
Cemetery or crema	tory / Jew	low	Occupation	Where did injury occur?(City or town) (Cou		
Location	1 De	ulon	ZuanRand	injured at home, farm, industry, public place (where?)	***************************************	
	11/2/2	-0.	7		at work?	
18. Funerat director	XI Vice	July to	MOSTE + don	0, 111	000	
Address		/ Wee	long feel	23. SIGNATURE Grace M. Branscombe,	mm x	
19. ////	3 1947) /	ma a fearge			
(Date rec'd by	registrar)		Registrar	Address E. S. S. H. Cambridge	Date signedNO.VLU	



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09996

CERTIFICATE OF DEATH

Per Dist No. 116

			CERTIFICA	TE OF BEATTI	Reg. Dist. No.	
1. PLACE OF DI	nester			2. USUAL RESIDENCE (HOM (For newborn infants give reside	IE) OF DECEASED:	
Cily or town	Clly or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 67 Years		City or town Cambridg (If outside city or tow 110 Ceda	County Dorchester e n limits, write RURAL and give nearest r St. al, give LOCATION)	town)	
How long in hospital	or institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM		bert S	Spedden Marsha	11	3. (b) Social Security Num	iber
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICA	L CERTIFICATION	
Male	White	I	Married	20, DATE OF DEATH NOVE	mber 23, 19 47, at	10:05
R.(b) Name of husban	d or wife. Del	ia Par	rks	21. I CERTIFY that death occurred on the	date above stated; that t attended deceased	from
7. Sirth dafe of deceased (mo., day,	Cont	29,	e) If alive, give age69 yea	and that I last saw halive on	now 23	19 🛴
8. AGE: Yea 74	rs Months	Days 24	If less than one day	Immediate cause of death	J. Hear	DURATION / O. M.S.
	mbridge, (Town Plumer!	, county, and a		Due to	CARD:	?
	Contra	cting				
	bert Spe		arshall	Dther conditions		
	Maryland		77.7	(Include pregnancy wi	thin 3 months of death)	
置 14. Maiden name	Margare Maryland	t A. I	Elliott	Major findings of operations		
2 15. Birthplace	Maryland				Date of op	
16. Informant Mrs	Robert	P. Ma			e to which death should be charged statis	itically.
11 Buri (Burial, crematio	lal m, or removal. Which: Dorche	Date there	Mov. 26, 194 (month) (day) (year) Memorial Park	22. VIOLENCE: If death was due to exte Accident, suicide, or homicide	Date of	
						ate)
	Cambridge	-			lace (where?)	**************
			eral Service	means of thing	CONTROL AL WORK!	5
Address	Cambridge	, Mary	land.	23. SIGNATURE CANAL	De metran &	11 (D)
19. (Date rec'd by r	25 19 47.	Jon	macely m	with the	M. D. or ot M. D. are signed M.	1 25 g



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			Reg. Dist. I	10
1. PLACE OF DE	ATH: hester		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	mbridge outside city or town l	imits, write RURAL and give nearest town)	State Maryland county Dr chester Clty or town (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, O	r street address where selyn Av	geath occurred:	Street No. Roselyn Ave. (If rural, give LOCATION)	
How long in hospital	or Institution?		2.(a) It veteran, name war	
3. (a) FULL NAM	IE .	Nora Whaples Mil	3. (b) Social Sec	curity Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATIO	N
Female	White	Married	20. DATE DF DEATH November 17, 19.	47, at 7 P.
R.(b) Name of husbani	or wite Clar	ence H. Mills	21. I CERTIFY that death occurred on the date above stated; that I attend	ed deceased from
7. Birth date of	***************************************		years and that I last saw h alive on	19
deceased (mo., day,		13, 1895.	Immediate cause of death Cerebial haenes	DURATION
8. AGE: Year 52		Days It less than one dayhrs.	marine	11171
9. BirthplaceCE	Domosti	Dor . Co , , Md . county, and atate)	Due to Deplements CVPD.	P
11. Industry or busine			Due to	***************************************
12. Name We	sley Wha	ples	Dither conditions Operaty Simple	3
	Maryland		(Include pregnancy within 3 months of death)	
14. Maiden name	Ruby Sa Maryland	lomaons	Major findings of operations	
≥ 15. Birthplace	Mary Land	** ***	Date of og	
16. Intermant	. Claren	ce H. Mills Maryland	Autopsy results. PHYSICIAN: Please underline the cause to which death should be c	harged statistically.
	lal		22. VIOLENCE: It death was due to external causes, fill in the following Accident, suicide, or homicide	
Cemetery or crema	tory Darche	ster Memorial Parl	Where did injury occur?	(State)
LocationC	ambridge,	Maryland.	tnjured at home, tarm, Industry, public place (where?)	
18. Funeral director.	LeCompte	's Funeral Service	Means of Injury Injured at wo	/k?
Address	Cambridge	, Maryland.	23 SIGNATURE amer a Prompe	son MO
19. // - :	20. 19 47	Jen many	me of all	M. D. or other signed

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE

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MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09998

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Can	nbridge	nits, write RURAL and give nearest town)		County Dorchester	
(11 6	32	Years	City or town Cambridge	mlts, write RURAL and give nearest town)	
How long in above place Hospital, institution, or	street address where d	eath occurred:	Street No. 6 West End	Ave	
6 V	Vest End	Ave.	Street No. (If rural, g	give LOCATION)	
How long in hospital or	r Institution?		2.(a) if veteran, name war		
3. (a) FULL NAM				3. (b) Social Security Number	
		rrie Louise Pink			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	Widowed	2D. DATE DF DEATH	mber 15, 1947 1 7 A.	
6.(b) Name of husband	or wile Edward	d F. Pink		above stated; that I attended deceased from.	
(Died 8	3/24/1937)6.(c) alive, give ageyear	[- 70 - 2 -	19.47, 10 1 - 13 19	
7. Birth date of	PF 0/		and that I last saw halive on	17,1-13	
deceased (mo., day,)		B, 1865 Days Illess than one day	Immediate cause of death	DURATIO	
O. MOL.	32 5	7.17	Combre &	Lewerlan 20	
				•	
9. Birthplace Lal	ce Hill, A	Alst er, Co. N. Y.	Due to	· · · · · · ·	
	(Town, e	county, and state)	agus	elive i	
10. Usual occupation			Due to.	7	
11. Industry or busines			prain	L-/um;	
12. Name AU 13. Birthplace	igustus Ma	asher	Dther conditions		
13. Birthplace	New York	State			
E	Lucy Hat New York Clarence	ffard	(Include pregnancy within		
E 14. Maiden name.	Man No.	G4-1-	Major findings of operations		
≥ 15. Birthplace	New York	State		Date of op.	
16. Informant	Clarence	e Pink	Autopsy results		
	mbridge, I			o which death should be charged statistically.	
	1], or removal. Which?)		22. VIOLENCE: If death was due to external Accident, suicide, or homicide		
Cometers or cramate	Dorches	ster Memorial Park	Where did injury occur?(City or tow		
		Maryland	Injured at home, farm, industry, public place		
		s Funeral Service	Means of injury	Injured at work?	
		Maryland.	HAIT	Edus Cur	
Audiess Oc		1 2 20 1	23. SIGNATURE	M, D, op other	
19. (Date rec'd by re	018-19 47	John Mace	Address Court	Date signed / - M	



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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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g. Diat. No. 116

3:20A M

		CERTIFICA	TE OF DEATH	Reg. Diat. No. 116
City or town Cambo	chester oridge outside city or town lin e of death? 10 or street address where d Robbins St or institution?	nits, write RURAL and give nearest town) Years eath occurred:	(If outside city or town li	county Dorchester
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
Male	White	Married	20 DATE DE DEATH Novemb	ber 8, 1947 at 3:2
7. Birth date of deceased (mo., day. 8. AGE: Year	yr.) Feb. 2	erica Spilker 6.(c) It alive, give age 85 7. 1864 Days If less than one day 12 hrs. m rmany ounty, and atate)	Immediate cause of death	above stated; that I attended deceased from 18.47, to Shirton, 19. 19.47, to Shirton, 19. 19. 19. 19. 19. 19. 19. 19.
1D. Usual occupation.	Retired	Farmer	Due to	,
	ristian B	asche		
13. Birthplace Germany 14. Maiden name Louise Von der Ahe 15. Birthplace Germany Nas Howard Bell			Major findings of operations	n 3 months of death) Date of op.
18 Interment MI	s. Howard	Bell	Antoney results.	
Address Ca	ambridge,	Maryland Date thereof Nov. 10, 194 (month) (day) (year)	PHYSICIAN: Please moderline the cause to 22. VIOLENCE: If death was due to externa Accident, suicide, or homicide	e which death should be charged statistically I causes, till in the following; Date of
		ter Memorial Park		wn) (County) (State)
		Maryland. s Funeral Service		e (where?)
		Maryland.	1	manganor
		John man, h. m	23. SIGNATURE	M. D. or other

Registrar

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. It was bridge dated

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NOV 13 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltunore

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CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Dorchester	State mange County Dacks to
City or town Cambridge, Mary land (If outside city of town limits, while RURAL and give nearest town)	State
How long in above place of death? 1 low 30 minute	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
Cambridge-Md. Hospital	Street No. (If rural, give LOCATION)
How long In hospital or Institution? 1 hours 30 minutes	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male col. s	1
male col. s	20. DATE OF DEATH. Lovember 2 5, 19 47 at 7 h
6.(b) Name of husband or wile	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birlh date of a series of the series of t	and that I tast saw him alive on hovenbe 25, 19.47
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	463 new toely
1	
De dia Dischert	All and the second seco
9. Birlhplace(Town, quunty, and state)	Due to.
	2
10, Usuai occupallon	Due to Govern y premaring
-11. Industry or business	· calvosife
12. Name James Johnson	Olher conditions
12. Name hame hame hame hame hame hame hame h	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace	Date of op.
16. Informant Train Ru	Actorsy results.
16, Informant	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address	22. VIOLENCE: It death was due to external causes, fill in the following;
17. Burns Date thereof 11/261/47	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemelery or crematory	Where did injury occur? (City or town) (County) (State)
Location Describes were	tnjured at home farm, industry, public place (where?)
24	Means of Injury Injured at work?
18. Funeral director Thurman Hard	
Address 101 - summent ave Count	e. med 101.074
	23. SIGNATURE M. D. or other
19. "/26/19 47 John Marsh)	
(Date rec'd by registrar) Registrar	Address Bambile way land Bate signed war 26, 184



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FOR BINDING

RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. // 6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county dance les	(For newborn infants give residence of mother)
Markeys Camerica, 16 2 W	State Many County of wellen
City or town	The Decade
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Kospilal, Institution, or street address where death occurred:	[P. 4.4]
I manual	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Alancil (Cops	
4. Sex / 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
10 10 8- 00	2 1/2
flank hat single	20. DATE OF DEATH. MAC 4 18. 13. 21.
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Ref 19/7 to Doelle 19
7. Birth date of G G G G G G G G G G G G G G G G G G	
deceased (mo., day, yr.) While 19-30	Immediate cause of death Mercanal DURATION
8. AGE: Years Mooths Days If less than one day	halm Ind med medican alate
10 4 3hrsmi	n.
/H = 1 00 11-14	A let a when the
9. Birthplace Of The Market State	Due to a self-life and a s
(Town, county, and atate)	infillalia kal BC
10. Usuat occupation	Due to.
11, Industry or business	BUC 10
12. Name a la l	Other conditions 2 Malla all
3 13. Birthplace Homely Mil	
	(Include pregnancy within 3 months of death)
王 14. Maiden name	Major fiediags of operations
14. Maiden name Reling Thomas 15. Birthplace Hooher Mill, me	Date of op.
111:01-1 mash. 2	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Church Culk	
Day in Day one G	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
(Burial, Cremation, of Canoval, Williams In Assembly Mark	Where did injury occur?
Cemetery or crematory	Where did injury occur?
Prophale will	Injured at home, tarm, industry, public place (where?)
Location	Meens of Injury / Injured at work?
18. Funeral director Alman Fill Casara	
Care lateral al and	1114
Address / Company and a may	23. SIGNATURE / Marineston MC)
" new to war to men orac to men	M, D, or other
(Date ree'd by registrar) Registra	ar Address (weekselft, Date signed More, &

NOV 8 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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	Rog. Distritorial
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For lowwborn infants give residence of mother)
City or town	State County Accounty
How long in above place of death?	Cily or lown
Hospilal, Institution, or street address where death occurred	Sireel No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3 (b) Social Security Number
or lilliam Deumord	219-10-8168
4. Sex 5. Color or race 6.(a) Single, refried, widowed, or divorced	MEDICAL CERTIFICATION
perhabet for glam	20. DATE DE DEATH. 11-4- 19.47, 215-15 A
6.(b) Name of husband or wife Evel Deymong	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) Haire, give age 5.8	10-25 1947 10 11-4-194
7, Birth dale of	and that I last saw h. emilalive on
deceased (mo., day, yr.) 8 AGF - Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Months Days IT less than one day	
20 12.10	Some bearing of Vili
8, Birihpiace(Town, county, and state)	Due to Pyonephrosis - Cystitis
10. Usual occupation. Analysis	Due to Prastatio bypentropky
	Due to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name 200 200 200 200 200 200 200 200 200 20	Major fiediogs of operations.
S 15. Birthplace	Date of op.
16 Interment Cruza Septimono	Aotopsy results
more company man	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 142	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) Date Ihereof	Accident, suicide, or homicide
Cemetery crematory Carried Control Con	Where did injury occur?
and Jakinda ma	Injured at home, tarm, Industry, public place (where?)
Localion H 18 man and and an analysis of the second	Means of Injury Injured all work?
18. Funeral director	() Cl . 7 . W
Address Combridge tha	23. SIGNATURE L'OUVIN asset
1. Trav. 6. 10 \$7 Jolel Trace In mil	2.4 Milian St Pa baids M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed

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NOV 8 1947

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PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. //6

1. PLACE OF DEATH: County Descript City or town & and the party write BURAL and give persent town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	.	
Cily or town(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town	town)	
Il Hospital, Institution, nor street address, where death occurred;	Street No. Codgewood ave		
6 Laubieg - hayland Hogital	(If Aral, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Infont Simme	3. (b) Social Security Num	ber	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female C Enjant	20. DATE OF DEATH hoverles 5, 19 47 al	9:30	
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased the hovening of the state of the stat	19.47	
7. Birth date of	and that I last saw h. 4. alive on Aux. 4	19.4.7	
deceased (mo., day, yr.) October 24, 1941	Immediate cause of death	OURATION	
8. AGE: Years Months Days If less than one day			
13min.) acoura &	hour	
9. Birthplace. (Cdwn, county, and state)	Oue fo	•••••••••	
Y F		***********************	
10. Usual occupation.	Que to		
11. Industry or business,			
12. Rame Charlett Somme	Other conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name Bedril Jane Simbon 15. Birthplace & Chman M Vignum	Major findings of operations		
15. Birthplace Theman III waynum	Date of op.		
16. Intermant OSCAL TO THE TOTAL TOT	Antopsy results	stically.	
Address Cambridge 12	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 MOV 2 Date thereof MOV	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory	Whers did Injury occur?	ate)	
1 miles Cambendal	Injured at home, farm, industry, public place (where?)		
Clarity of the second	Means of injury Injured at work?		
18. Funeral director	101011		
Address Canada Valor	23. SIGNATURE L. O. heredeth, M. D. or ot	her	
10 nov. 1. 18 47 John maced in	of y like heardand he		
(Date rec'd by registrar) ORegistrar	Address Date signed	Market Market	

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NOV 13 1947

2411 N. Charles St., Baftimore CERTIFICATE OF DEATH

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How long in above place of death?.... Hospital, Institution, or street address where death occurred:

How long in hospital or institution?..

3. (a) FULL NAME

deceased (mo., day, yr.)

8. AGE:

Days

11. Industry or business

12. Name......

Reg. Diat. No.

3. (b) Social Security Number

2.	USUAL.	RESIDENCE	(HOME)	OF	DECEASED:

(For newborn infants give residence of mother)

(If outside city or town limits, write RUKAL and give nearest town)

(If rural, give LOCATION)

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

DURATION

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, till in the following;

Accident, suicide, or homicide.....

Where did lajury occur?(City or town) Injured at home, farm, Industry, public place (where?)

Means of Injury Injured at work?

14. Malden name Cemetery or crematory:

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NOV 13 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore

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CERTIFICATE OF DEATH

N PLACE OF DEATH: County Dorchester City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Home RJ. D. 23			2. USUAL RESIDENCE (HOME (For newborn infants give residence	e of mother)
			Slate Conn County X City or town Bridgeport (If outside riv or town limits, write RURAL and give nearest town) Sireel No. 866 Add Wellie (If rural, give LOCATION)	
How long in hospital o	r Institution? 74	7.2	2.(a) If veteran, name war	
3. (a) FULL NAM	HOWA	RD M. SMITH SR.		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
Male	White	Married	20. DATE OF DEATHNovemb	er 15 47 12,45P
	0 /2	Gladys Whittington 6.6) If alive, give age 45 years	and that f last saw h	e above stated: fhat I aftended deceased from 19. Level 19
8. AGE: Year	s Monihs	Days It less than one day	Immediate cause of death	cclusion 10 Min.
10. Usual occupation.	Supt. of s Conn. F	on, Delaware county, and state) Equipments Cailway & Lighting	Oue to	0.4100
12. NameR.	obert Smi Delware	th	Diher conditions	o con Toggis
14. Maiden name. Anna Richardson Delaware			(Include pregnancy within	in 3 months of death) Out Date of op.
16. Informanf		Smith Jr. Maryland.	PHYSICIAN: Please underline the cause t	o which death should be charged statistically.
	n, or removal. Which? fory Mounts	Date thereof. 11/18/47 (month) (dey) (year)	22. VIOLENCE: If death was the fo externa Accident, suicide, or homicide Where did injury occur?(City or the	Date of
			Injured at home, farm, Industry, public place	
Location		ort, Conn. Funeral Service.	Meens of Injury	Injured at work?

NOV 18 1947

13-11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: County Dorchester City or town Rural-Hudson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life Hospital, institution, or street address where death occurred: RFD # 3 How long in hospital or institution? 3. (a) FULL NAME Florence Marshall Spe				Street No. RFD 3 (If rural, g	County Dorchester	rest town)
4. Sex Female	5. Color or race White		arried, widowed, or divorced		certification ber 19, , 47	.11:30A
6.(b) Name of husband 7. Birth date of deceased (mo., day,	T 7 5	6.(6) If alive, give age66	21. I CERTIFY that death occurred on the date	above stated; that I attended decea 19.44.7, to	sed from
8. AGE: Year 67		Days 12	If less than one day	Immediate cause of death		DURATION
9. Birthplace Hudson, Dor. Co., Maryland (Town, county, and atate) 1D. Usual occupation Housewife 11. Industry or business Own Home 12. Name Elijah Marshall 13. Birthplace Maryland 14. Maiden name Amanda Wheatley 15. Birthplace Maryland 16. Informant Mrs. Henlen Everhart Address Cambridge, RFD 3, Maryland				Des to Des Con D Due to Des Con D Due to Des Con D Other conditions Jenf Mark (Include pregnancy within	•	(-) .
			hart	Major findings of operations. CARCIA Major findings of operations. CARCIA Autopsy results. PHYSICIAN: Please underline the cause to	EY LAND HOSP	9/47 THL.
Burial (Burial, cremation, or removal. Which?) Cemelery or crematory Date thereof No.V. 22, 1947 (month) (day) (year) Cemetery Location Date thereof No.V. 22, 1947 (month) (day) (year)				Where did Injury occur?(City or town Injured at home, farm, Industry, public place	n) (County) (where?)	(State)
Address Car	LeComptembridge,	Maryl	neral Service	23. SIGNATURE	Injured at work? M. D. o M. D. te signed	4/21/47

NOV 24 1947

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PLEASE WRITE PLAINLY, WITH UNFADING is especially important. Physic

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Dist No. 116

CERTITION	Reg. Diat. No.
Cliy or town. (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME 4. Sex 5. Color or race S. (a) Single, married, widowed, or diverged	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or diverged Land Raful MaggloW	MEDICAL CERTIFICATION 20. DATE OF DEATH NOV 14 19 77 21 4 4 M
e of husband or wife LiCon Stated	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
Birth date of deceased (mo., day, yr.) May Days It less than one day	Immediate cause of death August DURATION
1 1 6 8hrs. bmin.	Due to Ca D Welcus C meltoles
9. Birthplace (Town/county, and atate) Usual occupation.	Ducto with paragers of space
1. Industry or business 12. Name Sandell Street 13. Birthplace Classes and C	Dther conditions Caches La
	(Include pregnancy within 3 months of death)
14. Maiden name Dont Sonow 15. Birthplace Maryland	Major findings of operations
Address Church Cille mc	PHYSICIAN: Please coderline the cause to which death should be charged statistically. 22. VIOLENCE: tt death was due to external causes, fill in the tollowing:
Ogenetery or crematory Date thereof (month) (day) (year)	Accident, suicide, or homicide
Location Charles Calls	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address Cambridge	23. SIGNATURE M. D. or other
19. Nov / 8 - 19 19 Alex Mary Students (Date rec'd by registrar) Registrar	Address deubuda Md Date signed 1574.



correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

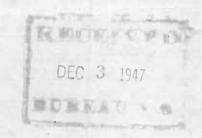
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10008

CERTIFICATE OF DEATH

eg. Diat. No. //6

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Annie L Stoi	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Negro Widowed	20. DATE OF DEATH November 2 4 19.72. 21 7:30p. 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	agul 7 1947, 10 November 7 1977
7. Birth date of Signature 1. Birth date of Signature 2. Birth date of Sign	and that flast saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months / Bays If less than one day	Cerebral Armony 1 day
0 1 0 0 0 0 1	10
9. Birthplace (Town, county, and state)	The Wintern leter 17:
10. Usual occupation Housewife	Que to
11. Industry or business Home	540 (0
12. Name Froch Hollis 13. Birthplace Salem Dor. Co. Md	Diher conditions
13. Birthplace Salem Dor. Co. Md	(Include pregnancy within 3 months of death)
14. Maiden name Delilha Onknowy 15. Birthplace Salem Dor. Co Nd.	(Include pregnancy within a months of death) Major fiadings of operations
2 15. Birthplace 27/021 / OV. Co N/d.	Date of op.
16 Informant Mrs Sammosom	Autopsy results
Address R. F. DIE 2. Cambridge Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 51 11 11 101 1010	22. VIOLENCE: If death was due to external causes, fill in the following:
11	Accident, suicide, or homicide
Cemetery or crematory Saless Cemetery	Where did injury occur?
Location Salery Dor. Co. Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director H. M. St. Classe & Jose	Means of Injury Injured at work?
Address furtilized ge Md.	Canall M. A. Clanma
hay 28. " 42 Lac Jonacas my	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address I'm Tella (1) Date signed (1/25/7)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10506

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH: County. Dorchester City or town. Rural-Toddville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life Hospital, insiliution, or street address where death occurred: Toddville How long in hospital or instilution?			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Maryland County Dorchester Cily or town Rural-Toddville (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veleran, name war.	
3. (a) FULL NAM	ME			3. (b) Social Security Number
	Howa	rd W. Todd		
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married		ertification r 25, 19 47, 2: P
6.(6) Name of husband or wite. Lulu Hughes 6.(c) If alive, give age 55 years 7. Birth date of deceased (mo., day, yr.) Jan. 10, 1882			and that I last saw h.J	
8. AGE: Yea 6		Days If jess than one day 15 hrsmin	Impoliate cause of death Pulm Tuberculo	vis sonation
8. BirthpiaceTO	ddville, (Town, Waterman	Dor. Vo. Maryland county, and state) -Farmer	Due to	
	ss Seafood		Due to	
12. NameR	amoma Tod Maryland	d	Other conditions	months of death)
14. Malden nami	Moserland		Major hadings of operations	
16. Intermant	Roxema T Maryland Philip ddville,		Antapsy result/ PHYSICIAN: Please underline the cause to w	/
Cemetery or crema		urch Cemetery	22. VIOLENCE: It death was due to external car Accident, suicide, or homicide	Date of
Location Toddville, Dor. Co., Maryland.			Injured at home, tarm, industry, public place (w	where?)
18. Funeral director LeCompte's Funeral Service Address Cambridge, Maryland.			Meens of Injury 23. SIGNATURE	Injured at work?
18. Nov :	28- 19 4	John mace m	Pauly del	me hate signed 28/4



James - Sunan-

and the state of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

CERTIFICATE OF DEATH

-	-	 116

1. PLACE OF DEATHY Stale Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Manufacture Country Darker State
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Inetitution, or street addrees where death occurred:	Street No. (If rural, give LOCATION)
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, will bwed, or divorced	MEDICAL CERTIFICATION
face Calae married	20. DATE OF DEATH NOV. 22 1947 at 12 %
Elle Varahun	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	11-17-4> 19 10 hov. 22 19 4
7. Birth date of	and that I last saw h. R. alive on 11-17-47 19.47
deceased (mo., day, yr.) dond pin-our	Immediate cause of death
8. AGE: Years Months Daye If less than one day	Cuchel Ydemantage
74min.	3 deur
9. Birthplace Madely Hwylock va	Bue to Id of partitions when we
(Town/county, and state)	00
10. Veual occupation	Due to
11. Industry or business moment	
12. Name Dant form	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Donnt famour 15. Birthplace Donnt Runour	Major findings of operations
E 15. Birtholace & Dant Runow	Major insulars of operations. Date of op.
900 b Marcalone	
1B. Informant	Autopsy results
Address amounted spral	
17 Com Manth Date thereof MOTO 25 31	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Winch?) (Burial, cremation, or removal. Winch?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lamberul gel was	Where did injury occur? (City or town) (County) (State)
Location & Charles Sunch College	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lluys H. Bansonlu	Means of Injury Injured at work?
Address Campacindell md	193 SIGNATURE damency manyany
" non 24 . 47 tolew maceform	Cambridge D. or other
(Date rec'd by registrar) Registrar	Address 36 Race of male signed 11-22-41

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legith

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

New 26-1947

MARYLAND STATE DEPARTMENT OF HEALTH

PLAINLY, WITH UNFADING TNK. Supply every item of information carefully. I'm is especially important. Physicians: please write the causes of death clearly and legible

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

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6	4

CERTIFICATE OF DEATH

-	1		
Man Man			
Dag	Dist	No	116

CERTITION	Reg. Diat. No.
1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Talbot City or town Easton (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Eastern Shore State Hospital How long in hospital or institution? 32 yrs., 5 mos., 30 days	Streef No
3.(a) FULL NAME Mollie M. Warrington	3.(b) Social Security Number Unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. November 17 19 47 21 4:03 P.M
6.(b) Name of husband or wife. J. W. Warrington Unknown Easton, Maryland 5.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18, 19.15 to November 17 19.47. and that I last saw h.er alive on November 17 19.47.
deceased (mo., day, yr.) Unknown	
8. AGE: Years Months Days If less than one dayhrsmin.	Chronic myocarditis and several years myocardia degeneration
9. Birthplace Seaford, Delaware (2) (Town, county, and state)	Due (o
10. Usual occupation	Due to
12. Name. Eligah Morgan 13. Birthplace Unknown	Diher conditions Hypertension, Dementia
₹ 13. Birthplace Unknown	Praecox (Include pregnancy within 3 months of death)
14. Maiden name	
15. Birthplace Unknown	Major findings of operations
16. Informant Eastern Shore State Hospital Records	Actopsy resolts
Address Cambridge, Maryland 17. Burial, demonstron, or summary Whiteh?) But thereof No. 2 1 1947 (Burial, demonstron, or summary) Whiteh?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremetion, or removal, Which?) (month) (day) (year) Cemetery or crematory ODD FELLOU'S CEMETERY	Where did lajury occur?
Location SERFORD, DELAWARE	Injured at home, farm, industry, public place (where?)
18. Funeral director MEDFORD L. WATSON JR	Means of Injury Injured 21 work?
Address SEAFORD, DEVAWARE	23. SIGNATURE SALLY
19. Prov. 19 - 19 47 John Mace of mid (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Date signed



y : 1:1:1 :

PLEASE WRITE PLAINL

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

Registrat Address Cambridge Ma Date signed on 1 1/4.3

10011

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Dorchester	1000	State Maryland County Dorchester		
City or town Rural-Camble City or town limits	, write RURAL and give nearest town)	Dirnel Combadd	CO.	
How long in above place of death? 15 Ye	ears	(If outside city or town limits, write RURAL and give nearest town)		
Hospital Institution or street address where death	h occurred:	Street No. RFD # 2	***************************************	
RFD # &		(If rural, give I	OCATION)	
How long in hospital or institution?		2.(a) It veteran, name war		
3. (a) FULL NAME Noal	n Webster		3. (b) Social Security 1	Number
	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male White	Widowed		er 10, , 47	.t €7A
6.(b) Name of husband or wife Maud S	Seward	21. I CERTIFY that death occurred on the date above		
(Died 6/20/1931)		19		
7. Birth date of deceased (mo., day, yr.) Nov. 14		and that I last saw halive on		
8. AGE: Years Months	Days It less than one day	Immediate cause of death		OURATION
87 11	26hrsmin.	Diene Coron	1-4-	*
Secretary Do	backward No.		a surge by the service of the servic	Manchan Mary
B. Birthplace Secretary, Do		Oue to.	1. Januar	Reveral
1D. Usual occupation Retired H	armer	Due to.		Gre.
11. Industry or business	11	Due to	***************************************	
	oster	Dither conditions Ornakat	***************************************	
12. Name Samuel L. Web				
	Shepherd	(Include pregnancy within 3 me		
H 14. Malden name Priscilla 15. Birthplace Maryland	DIIO PIIOI G	Major findings of operations		
			Date of op	
16. Informant Mr. T. Seward	1 Webster	Autopsy results	1 1 4 1 12 1 1 1	
Address RFD # 2, Camb	oridge, Maryland	PHYSICIAN: Please underline the cause to whi		Hatisticany.
Burial (Burial, cremation, or removal, Which?)		22. VIOLENCE: If death was due to external caus		
(Burial, cremation, or removal, Which?)	(month) (day) (year)	Accident, suicide, or homicide		
	Family Cemetery	Where did Injury Occur?(City or town)		(State)
Location Hudson, RFD 3	#, Cambridge, Md	Injured at home, tarm, Industry, public place (who		
18. Funeral director LeCompte's	Funeral Service	Means of Injury	Injured at work?	
Address Cambridge, Ma	aryland.	to- 1/ S1.	And my	0
7	() 2 22 1 2	23 SIGNATURE 1 - Christian	Def med	- Augustin



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WITH UNFADING INK. Supply every item of information carefully. The comportant. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10012

CERTIFICATE OF DEATH

			.11
Dag	Dist	No	116

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County Decches La County Dimits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurrent of the county of the coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
India I Wilkins	5. (0) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
S.(b) Name of husband or wife S.(c) If alive, give age fears deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15. to 17.9.4. and that I last saw h. 2.2. alive on 11.7.9.4.
8. AGE: Years Months Days If less than one day	Immediate cause of death. Auturalist Duration Due to.
1D. Usual occupation Survey and scate) 11. Industry or business Survey A.	Due to
12. Name Same Sular Tuly 13. Birthplace Solden Tuly mil	Other conditions
14. Malden name 1. 1. 18. Birthplace 1. 1. 18. Birthplace 1. 18. B	Major findings of operations. Date of op.
18. Informant Address and Malegar RFD 2	Autopsy results
(Burial, cremation, or removal. Which are thereof. (month) (day) (year) Cemetery or crematory.	Accident, suicide, or homicide
Location 18. Funeral director ALANS of Bayneway	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
Address 2 6 Dashington St. Nov. 22- 1047 John Maceh med.	23. SIGNATURE
(Date rec'd by registrar) Registrar	Address 136 Ruce Street Date signed 1-21-4)



PLEASE WRITE PLAINLY, is especially

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10013

CERTIFICATE OF DEATH

TE OF DEATH	Reg. Dist. No. //6
	HOME) OF DECEASED:
City or town (If outside c	ty or town limits/write RYRAL and give nearest town)
Street No. 377	(If rural, give LOCATION)
2.(a) If veteran, name war	

City or town	City or town. (If outside city or town limits write RWRAL and give nearest town)
Hospital, institution of street address where death occurred:	Street No. 3 77 Pite Street. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex S. Color or race (a) Single, married, widowski, or divorced hale Color Medical	MEDICAL CERTIFICATION 20. DATE OF DEATH. November 13 1947 21 10 A
6.(b) Name of husband or wife. Mand Mand Mand Mand Mand Mand Mand Mand	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Investige Concessor
9. 6irihplace affirm (town, coupt), and state)	Due to.
10. Usual occupation	arthur rheusetics
12. Name John John Jand 13. Birthplace Walnut and 1	Dther conditions
14. Malden name tallist mickly 15. Birthplace Rock nd market	(Include pregnancy within 3 months of death) Major findings of operations Reliable Hopkies
16. Informant Cladle Henson	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Andrew Age Miles (Burial, cremation, or removal, Which?) Bate thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?
18. Funeral director ellips H O Square	11 260
Address Cambridge	as apply the services
19. Nov. 16 19 47 Lohn Massam ma (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. of other Address Cauby de Mb Date signed 5/47



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